

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040368

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

509

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 25 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b 65 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2302 Pennsylvania Ave		d. STREET ADDRESS (If outside, give location) 2302 Pennsylvania Ave.	
3. NAME OF DECEASED (Type or print) First MARY Middle J. Last NICHOLSON		4. DATE OF DEATH Month October Day 15, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1877
9. AGE (last birthday) 86		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) London, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John R. Nicholson		13b. MOTHER'S MAIDEN NAME Helen Raines	
14. NAME OF HUSBAND OR WIFE Glenn S. Nicholson, 1007 N. Jackson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized hypertensive arteriosclerotic cardiovascular renal disease		over 2 yrs	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 1, 1957, to April 15, 1963, and last saw her alive on 10-15-63		Death occurred at 5:15: A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. E. DeTar, Jr. M.D.		22b. ADDRESS DeTar Clinic, Joplin, Mo.	
22c. DATE SIGNED 10-19-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-17-1963	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	23d. LOCATION (City, town, or county) Carl Junction, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-1963	
26. REGISTRAR'S SIGNATURE Doris Merriam			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.